

ISSUE SLIP STAPLE AREA (for additional cross references)

FOCUS	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MT	593	2/1/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-8-15-02
2	✓	✓	1-12-02
3	✓	✓	1-12-02
4	✓	✓	1-12-02
5	✓	✓	1-12-02
6	✓	✓	1-12-02
7	✓	✓	1-12-02
8	✓	✓	1-12-02
9	✓	✓	1-12-02
10	✓	✓	1-12-02
11	✓	✓	1-12-02
12	✓	✓	1-12-02
13	✓	✓	1-12-02
14	✓	✓	1-12-02
15	✓	✓	1-12-02
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47	✓	✓	1-12-02
48	✓	✓	1-12-02
49	✓	✓	1-12-02
50	✓	✓	1-12-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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